

631

MARGIN RESERVED FOR BINDING. Every item of information should be carefully checked and corrected before the certificate is signed. N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked and corrected before the certificate is signed. N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked and corrected before the certificate is signed.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH				State File No. <u>109</u>	
County <u>Graham</u> State <u>Arizona</u>				Registered No. <u>101</u>	
District or Township <u>Safford-Salome</u>					
City <u>Safford</u> No. <u>      </u> St. <u>      </u> Ward <u>      </u>				(If death occurred in a hospital or institution, give its NAME instead of street and number).	
2. FULL NAME <u>Ella Civilla (Black) Talley</u>					
(a) Residence. No. <u>Graham School District</u> St. <u>      </u> Ward <u>      </u>					
(Usual place of abode) (If non-resident, give city or town and State)					
Length of residence in city or town where death occurred <u>2</u> yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR or RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Van Talley</u>					
6. DATE OF BIRTH (month, day and year) <u>June - 6 - 1888</u>					
7. AGE Years <u>38</u>		Months <u>8</u>		Days <u>9</u>	
IF LESS than 1 day or min.					
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Housewife</u>					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) <u>Huntington</u> (State or country) <u>Utah</u>					
10. NAME OF FATHER <u>Wm. M. Black</u>					
11. BIRTHPLACE OF FATHER <u>Redlands</u> (city or town) <u>Illinois</u> (State or country)					
12. MAIDEN NAME OF MOTHER <u>Louisa Ann Washburn</u>					
13. BIRTHPLACE OF MOTHER <u>Wanti</u> (city or town) <u>Utah</u> (State or country)					
14. Informant <u>Edw. M. Black</u> (Address) <u>Graham, Ariz.</u>					
15. Filed <u>March - 8 - 1926</u> <u>J. N. Stetten</u> H.B. Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH (month, day, and year) <u>Feb. 15</u> 19 <u>26</u>					
17. I HEREBY CERTIFY, That I attended deceased from <u>2/14</u> 19 <u>26</u> to <u>2/15</u> 19 <u>26</u> that I last saw him alive on <u>2/15</u> 19 <u>26</u> and that death occurred, on the date stated above, at <u>6:15 A.</u> m. The CAUSE OF DEATH* was as follows: <u>Embolic, following</u> <u>stroke</u>					
(duration) yrs. mos. ds.					
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.					
18. Where was disease contracted If not at place of death? Did an operation precede death? Date of Was there an autopsy? What test confirmed diagnosis? (Signed) <u>J. N. Stetten</u> M. D. <u>2/16</u> 19 <u>26</u> (Address) <u>Graham</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Graham Cemetery</u>			DATE OF BURIAL <u>Feb - 15 - 26</u>		
20. UNDERTAKER <u>None</u>			ADDRESS		